

County: Milwaukee
 LAKEWOOD HEALTH/REHABILITATION CENTER
 2115 EAST WOODSTOCK PLACE

Facility ID: 1510

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MILWAUKEE 53202 Phone: (414) 271-1020
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 246
 Total Licensed Bed Capacity (12/31/01): 246
 Number of Residents on 12/31/01: 183

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 198

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No					1 - 4 Years	24.0		
Supp. Home Care-Personal Care	No					More Than 4 Years	41.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	Under 65	19.1		35.0		
Day Services	No	Mental Illness (Org./Psy)	31.1	65 - 74	15.3		-----		
Respite Care	Yes	Mental Illness (Other)	6.6	75 - 84	33.3		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	27.9	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.5	95 & Over	4.4	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	Yes	Fractures	7.7		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	4.9	65 & Over	80.9	-----			
Transportation	No	Cerebrovascular	18.0		-----	RNs		8.8	
Referral Service	No	Diabetes	6.0	Sex	%	LPNs		10.9	
Other Services	Yes	Respiratory	1.1		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	23.0	Male	32.8	Aides, & Orderlies			
Mentally Ill	No		-----	Female	67.2				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

	Medi care (Title 18)			Medi cal d (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	12	7.5	150	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	6.6
Skilled Care	9	100.0	296	128	80.5	131	10	100.0	124	5	100.0	150	0	0.0	0	0	0.0	0	152	83.1
Intermediate	---	---	---	19	11.9	112	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	19	10.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		159	100.0		10	100.0		5	100.0		0	0.0		0	0.0		183	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	8.5	Daily Living (ADL)	Independent			
Private Home/With Home Health	9.9	Bathing	8.7	52.5	38.8	183
Other Nursing Homes	3.5	Dressing	23.0	49.7	27.3	183
Acute Care Hospitals	73.0	Transferring	37.2	37.2	25.7	183
Psych. Hosp. -MR/DD Facilities	2.8	Toilet Use	33.3	38.3	28.4	183
Rehabilitation Hospitals	1.4	Eating	55.7	25.1	19.1	183
Other Locations	0.7	*****				
Total Number of Admissions	141	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	5.5	Receiving Respiratory Care	5.5	
Private Home/No Home Health	21.5	Occ/Freq. Incontinent of Bladder	47.5	Receiving Tracheostomy Care	0.5	
Private Home/With Home Health	19.8	Occ/Freq. Incontinent of Bowel	32.8	Receiving Suctioning	0.0	
Other Nursing Homes	0.6			Receiving Ostomy Care	1.1	
Acute Care Hospitals	20.3	Mobility		Receiving Tube Feeding	5.5	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	5.5	Receiving Mechanically Altered Diets	26.8	
Rehabilitation Hospitals	0.6					
Other Locations	5.1	Skin Care		Other Resident Characteristics		
Deaths	32.2	With Pressure Sores	6.0	Have Advance Directives	80.3	
Total Number of Discharges (Including Deaths)	177	With Rashes	3.3	Medications		
				Receiving Psychoactive Drugs	51.9	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group Ratio	Bed Size: 200+ Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities %	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	80.5	77.1	1.04	80.2	1.00	82.7	0.97	84.6	0.95
Current Residents from In-County	96.7	82.7	1.17	83.3	1.16	85.3	1.13	77.0	1.26
Admissions from In-County, Still Residing	31.2	19.1	1.63	27.4	1.14	21.2	1.47	20.8	1.50
Admissions/Average Daily Census	71.2	173.2	0.41	94.3	0.76	148.4	0.48	128.9	0.55
Discharges/Average Daily Census	89.4	173.8	0.51	98.8	0.90	150.4	0.59	130.0	0.69
Discharges To Private Residence/Average Daily Census	36.9	71.5	0.52	31.6	1.17	58.0	0.64	52.8	0.70
Residents Receiving Skilled Care	89.6	92.8	0.97	89.7	1.00	91.7	0.98	85.3	1.05
Residents Aged 65 and Older	80.9	86.6	0.93	90.1	0.90	91.6	0.88	87.5	0.92
Title 19 (Medicaid) Funded Residents	86.9	71.1	1.22	71.6	1.21	64.4	1.35	68.7	1.26
Private Pay Funded Residents	2.7	13.9	0.20	19.1	0.14	23.8	0.11	22.0	0.12
Developmentally Disabled Residents	1.1	1.3	0.82	0.8	1.31	0.9	1.16	7.6	0.14
Mentally Ill Residents	37.7	32.5	1.16	35.4	1.07	32.2	1.17	33.8	1.12
General Medical Service Residents	23.0	20.2	1.13	20.3	1.13	23.2	0.99	19.4	1.18
Impaired ADL (Mean)	48.2	52.6	0.92	51.8	0.93	51.3	0.94	49.3	0.98
Psychological Problems	51.9	48.8	1.06	47.7	1.09	50.5	1.03	51.9	1.00
Nursing Care Required (Mean)	6.1	7.3	0.83	7.3	0.83	7.2	0.84	7.3	0.83